



SCHOOL OF PUBLIC HEALTH

UNIVERSITY AT ALBANY State University of New York

Center for Public Health Preparedness

Continuing Education Credit Application Preparedness Grand Rounds Series: May 6, 2004 *Chemical Risks in Your Neighborhood*

PLEASE PRINT

First name/last name

Name: _____

Please check: ☐ RN ☐ MD ☐ Other _____

Email: _____

Affiliation/Occupation

Title: _____

Organization: _____

Mailing Address for Certificate: _____ at organization listed above or _____ home address

Street: _____

City, State, Zip: _____

Phone: (____) _____ - _____ Ext. _____

Viewing Site: _____

The School of Public Health, University at Albany, SUNY, is accredited by the Medical Society of the State of New York to sponsor continuing medical education for physicians. The School designates this program for 1 category one credit towards the AMA/PRA (Physician's Recognition Award). Each physician should claim only those credits he/she actually spent in the educational activity.

☐ **Please enroll me for 1 category one credit towards the AMA Physician's Recognition Award.**

This Educational Activity is presented by the School of Public Health Continuing Education, which has been approved as a provider of continuing education by the New York State Nurses Association's Council on Continuing Education, which is accredited by the American Nurses' Credentialing Center's Commission on Accreditation. It has been assigned approval code 5TLL8T-PRV-04-037.

☐ **Please enroll me for 1 contact hour in nursing continuing education.**

Continuing Education, School of Public Health is designated a provider of Category I continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. The provider number is NY0098.

☐ **Please enroll me for 1 continuing education contact hour (CECH). My CHES number is _____**

Please give this form to your site coordinator at the end of the videoconference or mail directly to: Center for Public Health Preparedness, UAlbany School of Public Health, One University Place, Rensselaer, NY 12144-3456. You will be sent a certificate of participation at the address indicated above.